

flexed on the pelvis, and extension practiced on its inferior extremity. No accident succeeded the reduction, but the patient died in sixteen days of an inflammation of the pleura, caused by a rib fractured in his fall. On post mortem examination, the muscles surrounding the articulation were found uninjured, except the quadratus femoris, which was torn across at its superior half; the capsular ligament was lacerated extensively at its posterior and inferior side; the ligamentum teres was also torn through, and the prolongation over the notch of the edge of the cavity was detached. The luxation could be easily reproduced by flexing the thigh, adducting and rotating it; and then the head of the femur was seen to rest partly on the inferior posterior edge of the cotyloid cavity, and partly on the neighbouring portion of the base of the ischium.

51. *Luxation of the Forearm—Successfully reduced after five Months duration.*—M. ROTX has succeeded in reducing in a young man, twenty-two years of age, a luxation of the forearm of five months duration, and in which there was apparently complete ankylosis, for the forearm was posterior to the humerus; the limb was extended, and it was impossible to effect flexion.—*Archives Générales*, Dec. 1834.

52. *Luxation of the Humerus Downwards and Outwards.*—A case of this accident, the existence of which was deemed impossible by Boyer, except where the glenoid cavity of the scapula had a great anormal inclination outwards, has been communicated to the Academy of Medicine by M. LEPELLETIER. M. L. succeeded in reducing it forty-five days after its occurrence.—*Archives Générales*, Nov. 1834.

#### MIDWIFERY.

53. *Cæsarean Operation performed three times with Success in the same Woman.*—In the German medical journal *Abhandlungen aus dem Gebiete der Geburtshülfe*, (Ed. G. A. Michaelis,) Keil, 1833, we find the following case, in which Drs. Zwanck, Wiedemann and Michaelis were the operators. The subject of the report was a female, who had suffered so much from rickets and softening of the bones during childhood, that she did not commence to walk, (and then moved only with difficulty,) at the age of twelve years.

At the period of her second pregnancy her stature did not exceed four feet, (Prussian measure,) and the vertebral column was excessively curved at the lumbar region: the pelvis, when examined internally, appeared very much contracted from behind forwards; the antero-posterior diameter, from the lower edge of the symphysis to the promontory, was two and a quarter to two and a half inches, and that of the inlet was estimated at two inches. The cavity of the sacrum was not well marked, and the perineum was very small.

The course of the first pregnancy was regular, and labour came on at the end of forty weeks: as the head appeared to remain immovable above the inlet of the pelvis, the child was turned and the forceps applied, but without effect, and the assistance of another physician was required.

As the child appeared still to live, it was determined to perform the Cæsarean operation, and in order to prepare the patient, twelve leeches were applied to the abdomen, and she was ordered an emulsion containing some nitre.

The operation was performed on the following morning, by Dr. Zwanck, June 18th, by an incision which divided the linea alba. Dr. Seidel supported the parts exposed by this incision with a cloth steeped in oil; one or two folds of intestine protruded near the lower extremity of the wound, but they were soon returned: an incision was now made into the uterus, and the child and placenta were extracted at the same time. A sharp hæmorrhage from the division of the uterus was arrested by dropping cold water on it, and the organ became firmly contracted.

The child, a boy weighing about seven pounds, showed traces of recent

death. The wound was closed with sticking-plaster, covered with charpie, and supported by a bandage. The treatment at first was strictly antiphlogistic, and half a grain of acetate of morphia was administered every day: by degrees a more strengthening regimen, bark, &c. was substituted. The discharge through the wound was moderate, and after three weeks it was completely closed; on the 20th of July the patient might be considered as cured, and the menstrual discharge returned eight weeks after the operation.

Dr. Zwanck attributes the excellent sleep enjoyed by the patient to the use of the morphia, which thus contributed to prevent the development of various accidents.

[The rapid cure and absence of every dangerous symptom in the present case, are remarkable circumstances; and although the use of the morphia, and abstinence from the suture, which is generally employed, may appear to account for the success of the operation, yet other reports prove that a perfect cure may be obtained, under favourable conditions, when the constitution is sound and the patient is submissive, without our having recourse to this last resource.]

The above-mentioned female became pregnant the second time, after a lapse of three years, and was brought to the lying-in hospital of Kiel, in December, 1829. Since the last operation it was manifest that the uterus was united to the parietes of the abdomen at the inferior portion of the cicatrix; and on the coming on of the labour pains, the extent of the union could be sufficiently perceived by the wrinkled lines produced in certain points; the diameter of this might amount to one and a half inches. Upon internal examination the fœtus or its position could not be felt, but externally it was found that the buttocks lay upon the pubis. At the commencement of January, (the last month of her pregnancy,) the patient complained frequently of severe tension of the abdominal parietes. Enlarged veins were seen to cross the old cicatrix, the leech-bites partially opened, and she furnished a good deal of blood.

Labour commenced in the night of January, 1830. On the morning of the 21st the os uteri began to dilate, and at four o'clock, P. M. its dilatation was about three fingers. The membranes now gave way, and a foot was distinguished. Under these circumstances the Cæsarean operation was performed by Dr. Wiedemann, who preferred making his first incision along the left side of the linea alba. The placenta immediately presented itself in the wound. This was removed, the left arm of the child was seized, and the infant itself was extracted as far as the head. A contraction of the uterus soon set in, and the head followed a gentle traction. The child, a female, seven pounds in weight, was born alive. On this occasion three points of suture were applied, according to Græfe's plan a small pledget of lint was laid in the lower angle of the wound, and the whole was dressed with sticking-plaster, lint, &c. The progress of the wound now also was favourable, and in the beginning of March it was all cicatrized except in a few small spots. The secretion of milk appeared during this time, and the child took the breast, but died on the 19th of February, from a species of hardening of the skin. Up to the middle of March a few points of the wound remained unclosed, and on examination there was found a fistulous orifice from which on pressure a little mucus-like fluid exuded. After several attempts to find the direction of the canal, the sound penetrated more than an inch into the uterus, which lay close under the cicatrix, and was firmly united to the integuments of the abdomen. Injectious thrown into the fistula passed out through the vagina, and a muco-purulent fluid, in some quantity, also now came away through this channel. The fistula uteri resisted all attempts made to heal it, up to the patient's departure in March, although sometimes it appeared for a few days to be closed with a thin pellicle of skin. The whole anterior surface of the uterus now appeared to be united to the abdominal parietes, and the organ was so much drawn up that the os uteri could scarcely be reached above the os pubis with the finger.

The third pregnancy took place in June, 1831. At this time the fistula was

healed, and the patient had commenced to menstruate soon after her departure from the institution. She returned in March, 1832, and in the end of the same month labour set in, when M. Michaelis, (for the third time,) performed the Cæsarean operation. He made his incision on the left side of the second cicatrix, and extracted a male child weighing six and three-quarter pounds. The placenta was easily loosened and brought away likewise. A severe hæmorrhage, which followed the removal of the placenta, was arrested by dropping water from a sponge moderately elevated above the wound. The latter was dressed in such a manner as to guard against future hæmorrhage. The patient's state continued favourable, and on the 16th of May only a few small points of the cicatrix were open, and these soon healed. The patient left the institution on the 27th, and since that time has enjoyed most excellent health.

This highly interesting and remarkable case gives M. Michaelis an opportunity of delivering some judicious remarks on the Cæsarean operation, to a few of which we shall allude.

1st. On the operations which have been performed several times with success on the same female. He refers to ten cases as the only ones to which no doubt can be attached.

2d. Cases in which the second operation was followed by the death of the mother; and also examples of pregnancy after the Cæsarean section.

3d. M. Michaelis strongly condemns the practice of suture as likely to bring on inflammation, and hence he applies them as seldom as possible.

4th. The author notices 110 cases in which this operation was performed; of these 62 died and 48 recovered. If we seek the causes of death, we find,—From the immediate impression of the operation 2; convulsions 2; debility 3; hæmorrhage 7; meteorismus 3; effusion into the abdomen without inflammation or hæmorrhage 3; excessive softening of the bones 1; diarrhœa 1; inflammation 13; gangrene 8.

In order to calm the first impression of the operation, the author recommends the plentiful use of opium, and mentions that one of the patients took as much as twenty grains of the acetate of morphia in the first few days. Experience has also convinced him, that perhaps the most important point of all in the treatment is, the early and sufficient emptying of the intestinal canal, which is the best means of promoting the discharge of the lochia. The 110 operations already noticed, gave birth to 67 living, 29 dead, and 4 asphyxiated children: but perhaps the most curious circumstance of all is, the difference of mortality for the cases of repeated operation. Fifteen patients who had been operated upon became pregnant a second or third time, so as to furnish 18 cases; as 2 died from accidental laceration of the uterus, it remains to consider only 16: of these, 11 were operated upon with success for the mother, and 5 unsuccessfully for the mother: 8 children were saved and 7 died. Thus, if we take the relation of the above 16 cases, we find that the cures are to the deaths, in cases where the operation is performed for a second or third time, as 11 to 5, while the general mortality, or rather the relation of cures to deaths is as 4 to 3 nearly.—*London Lancet*.

54. *Two continuous Placentas*.—M. Roux saw at Milan two placentæ, continuous one with the other. They were met with in a case of twins. This is a rare circumstance, and its occurrence has been doubted.—*Archives Générales*, Dec. 1834.

55. *Distorted Pelves*.—M. Roux, from a comparison of a great number of distorted pelves, has drawn this important practical conclusion, that in pelves, the distortion of which consists in an oblique inclination of one side, coinciding with a notable narrowness of the same side, there is an intimate and complete union of the sacrum and ileum at their corresponding junction, so that if symphysiotomy is performed, the iliac bone of that side cannot be separated.—*Ibid*.